

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Eastern District of Massachusetts
(State)

Case number (if known): _____ Chapter 7

Check if this is an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code

Check one:

Chapter 7
 Chapter 11

Part 2: Identify the Debtor

2. Debtor's name

Vero Health XIV, LLC d/b/a Vero Health & Rehab of Watertown

3. Other names you know the debtor has used in the last 8 years

Vero Health
Vero Healthcare Management, LLC

Include any assumed names, trade names, or doing business as names.

4. Debtor's federal Employer Identification Number (EIN)

Unknown

EIN _____

5. Debtor's address

Principal place of business

59 Coolidge Hill Road

Number Street

Watertown

MA

02472

City

State

ZIP Code

Middlesex

County

Mailing address, if different

10500 Little Patuxent Parkway, Suite 300

Number Street

P.O. Box

Columbia MD 21044

City State ZIP Code

Location of principal assets, if different from principal place of business

1500 Little Patuxent Parkway

Number Street

Suite 300

Columbia MD 21044

City State ZIP Code

Debtor Vero Health XIV, LLC d/b/a Vero Health & Rehab of Watertown Name _____ Case number (if known) _____

6. Debtor's website (URL) _____	
7. Type of debtor <input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other type of debtor. Specify: _____	
8. Type of debtor's business <i>Check one:</i> <input checked="" type="checkbox"/> Health Care Business (as defined in 11 U.S.C. § 101(27A)) <input type="checkbox"/> Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) <input type="checkbox"/> Railroad (as defined in 11 U.S.C. § 101(44)) <input type="checkbox"/> Stockbroker (as defined in 11 U.S.C. § 101(53A)) <input type="checkbox"/> Commodity Broker (as defined in 11 U.S.C. § 101(6)) <input type="checkbox"/> Clearing Bank (as defined in 11 U.S.C. § 781(3)) <input type="checkbox"/> None of the types of business listed. <input type="checkbox"/> Unknown type of business.	
9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Debtor _____ Relationship _____ District _____ Date filed _____ MM / DD / YYYY Case number, if known _____ Debtor _____ Relationship _____ District _____ Date filed _____ MM / DD / YYYY Case number, if known _____	
Part 3: Report About the Case	
10. Venue <i>Check one:</i> <input checked="" type="checkbox"/> Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.	
11. Allegations Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b). The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a). <i>At least one box must be checked:</i> <input checked="" type="checkbox"/> The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount. <input type="checkbox"/> Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.	
12. Has there been a transfer of any claim against the debtor by or to any petitioner? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).	

Debtor Vero Health XIV, LLC d/b/a Vero Health & Rehab of Watertown Name _____ Case number (if known) _____

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	PharmScript of MA LLC	Agreement for Judgment	\$ 597,195.63
	Adaptige, LLC.	Consent Judgment	\$ 135,740.56
	Aegis Therapies, Inc.	Judgment	\$ 239,512.25
		Total of petitioners' claims	\$ 972,448.44

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4: Request for Relief

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative	Attorneys
<p>Name and mailing address of petitioner</p> <p>PharmScript of MA LLC c/o Amann Burnett PLLC</p> <p>Name _____</p> <p>757 Chestnut Street</p> <p>Number Street _____</p> <p>Manchester NH 03104</p> <p>City _____ State _____ ZIP Code _____</p>	<p>William J. Amann, Esq.</p> <p>Printed name _____</p> <p>Amann Burnett PLLC</p> <p>Firm name, if any _____</p> <p>757 Chestnut Street</p> <p>Number Street _____</p> <p>Manchester NH 03104</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact phone 603-696-5404 Email wamann@amburlaw.com</p> <p>Bar number # 648511</p> <p>State MA _____</p>
<p>Name and mailing address of petitioner's representative, if any</p> <p>Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on 9-12-2023</p> <p>MM / DD / YYYY</p> <p>X /s/ William J. Amann, Esq. counsel for PharmScript of MA LLC</p> <p>Signature of petitioner or representative, including representative's title</p>	<p>X /s/ William J. Amann, Esq.</p> <p>Signature of attorney</p> <p>Date signed 9-12-2023</p> <p>MM / DD / YYYY</p>

Debtor

Vero Health XIV, LLC d/b/a Vero Health & Rehab of Watertown
Name

Case number (if known) _____

Name and mailing address of petitioner

Adaptige, LLC. c/o Amann Burnett PLLC

Name

757 Chestnut Street

Number Street

Manchester

NH

03104

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9-12-2023
MM / DD / YYYY

/s/ William J. Amann, Esq., counsel for Adaptige, LLC.

Signature of petitioner or representative, including representative's title

William J. Amann, Esq.

Printed name

Amann Burnett PLLC

Firm name, if any

757 Chestnut Street

Number Street

Manchester

NH

03104

City State ZIP Code

Contact phone 603-696-5404

Email wamann@amburlaw.com

Bar number # 648511

State MA

/s/ William J. Amann, Esq.

Signature of attorney

Date signed 9-12-2023

MM / DD / YYYY

Name and mailing address of petitioner

Aegis Therapies, Inc., c/o Amann Burnett PLLC

Name

757 Chestnut Street

Number Street

Manchester

NH

03104

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9-12-2023
MM / DD / YYYY

/s/ William J. Esq., counsel for Aegis Therapies, Inc.

Signature of petitioner or representative, including representative's title

William J. Amann, Esq.

Printed name

Amann Burnett PLLC

Firm name, if any

757 Chestnut Street

Number Street

Manchester State ZIP Code

Contact phone 603-696-5404 Email wamann@amburlaw.com

Bar number #648511

State MA

/s/ William J. Amann, Esq.

Signature of attorney

Date signed 9-12-2023

MM / DD / YYYY